ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	74.		9/29/10
O.I.P.E. CLASSIFIER	,	<i>J.</i>	1/2 15-60
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			
	59573		11-9-00

INDEX OF CLAIMS

✓ Rejected	N Non-elected
= Allowed	I Interference
 (Through numeral) Canceled 	A Appeal
÷ Restricted	O Objected

Claim Date	Claim Date	Claim Date
F & X 1 3	Original A-S-A-S-S-S-S-S-S-S-S-S-S-S-S-S-S-S-S-S	
	Pinal Original Original St. 2-2-8	Original
		101
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18 - 8	68	118
19	69	119
20 -	70	120
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17232	73	123
	74	124
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26 · V	76	126
	77	127
28 - (/ -	78	128
TO P	79	129
	80	130
	81	131
394	82	132 .
30	83	133
314	84	134
30 33	85	135
36 +	86	136
38 -	87	137
36 -	88	138
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	90	140
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421-1111	92	142
43 : N \	93	143
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145- = =	95	145
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	97	147
448-11/	98	148
400	99	149
(50 + 4)	100	150

If more than 150 claims or 10 actions staple additional sheet here